

San Diego County Mental Health Plan
Children's Mental Health Services
Fiscal Year 05-06

Provider Name:		Provider No.	
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RU(s):

Review Date: **Billing Audit Period:** to

[illegible]

Mean per Category:									
Require Plan of Correction:									

Please note that:

- ▶ a **Plan of Correction** is required for any category that falls below a mean of **90%**.
- ▶ **100% compliance** is required in the **Billing Category**. A Plan of Correction is required if Billing Category compliance is not achieved.
- ▶ Plans of Correction are due to the QI Unit **within 14 days** of the date on the cover letter.

Confidential QI Report
San Diego County Mental Health Plan
 Children's Organizational Provider Medical Record Review Tool
 FY 05-06

Record Review #	RU #	Provider #
Program Name	Review Date	Billing Audit Period
Client Name	Client InSyst No.	Client Insurance
		Primary Therapist

ASSESSMENT	Yes	No
1. Initial assessment completed in entirety within 30 days of first planned visit		
2. Annual assessment update is completed within required timelines		
3. Mental health history is documented		
4. Client's ethnicity, primary language, and sociocultural history are documented		
5. Youth Transition Self Evaluation completed within 30 days of intake or transfer (Starts at age 16, at least annually, and at 17 1/2)		
6. Religious/spiritual issues that are important in the client's life are documented		
7. Assets/strength identified by client are documented		
8. Relevant physical health conditions reported by the client are identified		
9. Client self-report of allergies and adverse reactions to medications, or lack of known allergies and/or sensitivities are clearly documented and allergy stamp is present on front of medical record		
10. Past and present use of alcohol, drugs and tobacco are documented when applicable		
11. Current mental status examination is completed		
12. A five axis diagnosis is consistent with the presenting problems, history, mental status examination, and other assessment data		
13. A safety assessment that includes risks of harm to self or others is completed		
14. Documentation indicates provision and explanation of beneficiary handbook, review of grievance/appeal process, and explanation of program's services and rules at admission and annually (client informed of right to have Advance Directives when applicable)		
15. Is signed by either a Physician, Psychologist (or waived Psychologist candidate), LCSW, ASW, MFT, IMF, or RN (Trainee with co-signature)		
16. If co-signature is required, the licensed/waiver/registered staff member has signed within 30 days of first planned visit		
17. Client assessed to detect the presence of co-occurring substance use and evidence is documented		
18. Diagnosis of co-occurring substance disorders are clearly documented in the chart when identified in the assessment		
Total	0	0
Percent Compliance:		

Assessment Comments:

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CLIENT PLAN	Yes	No
19. Completed within 30 days of the first planned visit		
20. Signed by the client, parent/guardian or reason documented why not signed		
21. Initial Client Plan is signed by either a Physician, Psychologist (or waived Psychologist candidate), LCSW, ASW, MFT, IMF, or RN (Trainee with co-signature) within 30 days of first planned visit		
22. Client Plan rewritten every 6 months or prior to UR		
23. Subsequent Client Plans are signed or co-signed by a licensed/waivered/register staff		
24. Client strengths and abilities to apply toward goal are documented		
25. Client Plan has specific, observable, and quantifiable goals that are client focused (Goals correlate to IEP goals for AB2726 providers)		
26. Identifies the proposed type(s) of intervention		
27. Has proposed duration of intervention		
28. Focus of intervention is consistent with presenting concerns, mental health history, and diagnosis		
29. Intervention(s) identified is likely to lead to achievement of Client Plan goals		
30. Client Plan includes either a goal/objective or indication of a referral when a co-occurring issue has been documented, when applicable		
Total	0	0
Percent Compliance:		

Client Plan Comments:

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PROGRESS NOTES		Yes	No
31. Relate to treatment goals and objectives, documenting ongoing medical necessity			
32. Document client encounters, including clinical decisions and interventions			
33. Reflect continuity and coordination of care between primary therapist, consultants, ancillary providers, and/or primary physician, if applicable			
34. Document use of community resources such as relapse prevention, stress management, and/or wellness programs, as indicated			
35. Document measures taken to meet language needs of client and includes client's response to offer of an interpreter, if applicable			
36. Document client was seen by a mental health professional within 72 hours of discharge from an inpatient/crisis residential facility, if applicable			
37. Documentation addresses co-occurring substance use issues if identified in Client Plan (specific to goal or transition/aftercare plan) while keeping the primary focus on the mental health diagnosis			
Total		0	0
Percent Compliance:			

Progress Notes Comments:

MEDICAL		Yes	No
38. Child/Youth History Questionnaire (MHS-651) completed within 30 days according to specified timelines and signed by clinician			
39. Informed Consent for the Use of Psychotropic Medications (MHS-005) signed and dated by physician and legal guardian or Ex Parte when applicable			
40. Psychiatric/Medication Evaluation (MHS-645) completed when client is evaluated for meds			
41. Medication Follow Up (MHS-689) is completed each time client is seen for medication f/u			
42. If a co-occurring substance use disorder is documented, physician documentation demonstrates awareness of the disorder			
Total		0	0
Percent Compliance:			

Medical Comments:

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ADMINISTRATIVE/LEGAL - 43 to 45 for County of San Diego programs only		Yes	No
43. A Consent for Mental Health Services (MHS-272) has been signed by client and/or guardian or Ex Parte when applicable			
44. Acknowledgement of Receipt (NPP-001) of the HIPAA-NPP is signed/dated by legal guardian or staff explanation with signature/date			
45. Authorization to Use or Disclose Protected Health Information (23-07 HHSA) signed/dated by client or guardian and witnessed / or 04-24A (C or P) dated 06/2003			
46. Medical record complies with format requirements and documentation guidelines as outlined in the Documentation and Uniform Clinical Record Manual			
47. Medical record documentation uses only approved standardized medical abbreviations			
Total		0	0
Percent Compliance:			

Administrative/Legal Comments:

DISCHARGE		Yes	No
48. Discharge note completed for client seen 4 or fewer times			
49. Discharge Summary (MHS-653) completed in entirety for clients seen 5 or more times, or if case converted to medication only			
50. Completed by qualified staff (licensed, waived, registered, or trainee with co-signature)			
51. Discharge Summary is completed within 14 days of discharge			
52. Discharge Summary documents assessment results, course of treatment, and response to treatment			
53. Record documents client and parent/guardian involvement in discharge planning and aftercare plan			
54. Documents aftercare plan			
55. Planned discharge documents that referrals were made for substance use treatment when indicated			
Total		0	0
Percent Compliance:			

Discharge Comments:

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BILLING		
100% Compliance required in this category- Plan of correction required for any deficient items	Yes	No
56. All entries include the legible signature of the person providing the services and the person's professional degree, licensure, and/or job title		
57. All entries include the date services were provided		
58. All entries include the duration of the services		
59. All entries include the location of the services		
60. All entries are legible		
61. All entries document appropriate CPT/HCPCS code for type of service provided		
62. Client Plan is present, completed within required timelines, and document client's / legal guardian's involvement (see findings in Client Plan section of this tool)		
63. Case consultation and Treatment Teams are documented accurately		
64. All entries have required fields on form completed (CPT/HCPCS code, location code, DSM/ICD-9 code(s), date of documentation, etc.)		
65. CPT/HCPCS code entered into InSyst corresponds to code used in documentation		
66. An entry is present in the chart to correspond with each billing event		
67. All entries have sufficient documentation to substantiate the duration of the services being billed		
68. All time claimed is equal to time documented		
69. All claimed services are billable according to Title 9 requirements (eg. Lockouts and non-billable activities)		
70. At admission time, medical necessity is consistent with Title 9 requirements and documented accordingly		
71. Progress Notes document on-going medical necessity consistent with Title 9 requirements		
72. Client 'no shows' have not been billed, or if billed, are documented appropriately with what treatment service was performed		
73. Group Progress Note (MHS-924) has Group Formula properly documented		
74. Claim for group billing has been properly apportioned		
Total	0	0
Percent Compliance:		
Billing Comments: (Refer to Next Page)		

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BILLING	
<u>100% Compliance required in this category- Plan of correction required for any deficient items</u>	

Billing Comments:

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DAY TREATMENT / DAY REHABILITATION	Yes	No
75. Daily notes that describe the service provided are documented for Day Treatment Intensive		
76. Weekly summary notes include dates of each day attended (with services provided) for Day Treatment Intensive and Day Rehabilitation		
77. Weekly summary notes reflect progress toward goals, interventions, and responses for Day Intensive and Day Rehabilitation		
78. Document a minimum of one contact a month with family and/or significant support person		
79. Documentation on appropriate form of at least one psychotherapy contact per week for Day Treatment Intensive		
80. Monthly summaries are in record for Day Treatment Intensive		
81. Quarterly Reports are in record for Day Treatment Intensive (For AB2726 only clients, quarterly request for authorization are acceptable)		
82. Authorization request(s) are completed for services billed		
Total	0	0
Percent Compliance:		

Day Treatment / Day Rehabilitation Comments:

UTILIZATION REVIEW	Yes	No
83. Utilization Review authorization in place that covers dates of services reviewed		
84. UR committee comprised of licensed or waived staff		
85. An authorization for ancillary services is present when applicable		
86. A face sheet (MHS-140 or 141) is present in the record		
Total	0	0
Percent Compliance:		

Utilization Review Comments:

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ADDITIONAL ITEMS		Yes	No
87. CAMS and Assessment Summary present in the Medical Record (intake, 6 month intervals, discharge)			
88. CAMS and Assessment Summary findings consistent with Client Plan goal(s) and Progress Notes			
Total		0	0
Percent Compliance:			

Additional Items Comments: